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					Gina G. Barron (Depositor's name				
					Hina x	41	<u>Barron</u>		(Signature
				l	September	4,	2008		(Date
APPLICATION NO. FILING DATE				FIRST NAMED INVENT	OR	ATTORNEY DOCKET NO.		CONFIRMATION NO.	
10/826,063 04/16/2004		Yen-Chen Che			LELI 3516 9976				
TITLE OF INVENTION:									
APPLN, TYPE	SMALL ENTITY	ISS	SUE FEE DUE	PUBLICATION FEE D		E FEE	TOTAL FEE(S) DUE		DATE DUE
nonprovisional	nonprovisional XXX		2700 \$1440	\$300	\$0		\$1028 \$1	740	09/23/2008
EXAMINER		ART UNIT		CLASS-SUBCLASS					
HOLTON, STEVEN E			2629	345-094000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR. 1.83).  ☐ Change of correspondence address for Change of Correspondence Address form (705/81/22) attached.  ☐ "Fee Address" indication for "Fee Address" Indication form (7705/84/7; Kev. 00-32) or more recent) attached. Use of a Custome Number is required.  ASSIGNEE ANAME AND RESIDENCE DATA TO BE PRINTED O				2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered attorney or agents. If no name is listed, no name will be printed.  11E BAYENT (Soft net turn).					
PLEASE NOTE bliess an assigne is identified below, no assigned awill appear on the patent. If an assignee is identified below, the document has been file recordation as set forth in 3 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE (CITY and STATE OR COUNTRY)  Himax Technologies, Inc.  Tainan County 741, Taiwan R.O.C.									
Please check the appropriate assignee category or categories (will not be printed on the patent):									
4a. The following fee(s) are submitted:  ② Issue Fee  ② Publication Fee (No small entity discount permitted)  Advance Order - # of Copies				b. Payment of Fee(a): (Please first reapply any previously paid Issue fee shown above)  ☐ A check is enclosed. ☐ Payment by recide card. Form PTO-2038 is attached. ☑ The Director is hereby authorized to charge the required fee(a), any deficiency, or credit any overpayment, to Deposit Account Number _ 19_13_14_5 (enclose an extra copy of this form).					
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Authorized Signature Date 09 AV6 08									
Typed or printed name	David E.				Registration	No	38,118		
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